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REPORT ON THE IMPLEMENTATION OF THE UNFPA SPECIAL PROGRAMME OF ASSISTANCE TO MYANMAR

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I. INTRODUCTION

1. In decision 2001/17, the Executive Board of UNDP and of UNFPA approved a special programme of assistance for Myanmar for 2002-2005, in the amount of $12 million from regular resources and $4 million from other resources. The Executive Board requested the Executive Director of UNFPA to report annually on its implementation at the annual session of the Board. This report has been prepared in response to that decision, reporting on the fourth year of the programme (2005). At its annual session 2005, the Executive Board extended the UNFPA special programme of assistance to the end of 2006.

2. The programme is designed to respond to the urgent reproductive health needs of the poorest and most vulnerable segments of the population of Myanmar. It aims to prevent HIV/AIDS and other sexually transmitted infections; improve the reproductive health of young people; and reduce the number of maternal deaths by providing support for reproductive health information, services and commodities. The programme also supports the collection and analysis of data to better understand the reproductive health situation in Myanmar and to provide the basis for monitoring and evaluating programme results.

3. In 2005, the UNFPA country office implemented eight projects totalling $4 million from regular resources and more than $400,000 from other resources. The programme continued to focus on strengthening reproductive health services in project townships, which now number 100 out of a total of 324. The programme successfully carried out activities to benefit local communities in spite of some operational constraints, especially in the beginning of the year.

4. Within the project townships, UNFPA worked through the lower levels of the public health system and with a variety of international and national non-governmental organizations (NGOs), including the Association François-Xavier Bagnoud, the Japanese Organization for International Cooperation in Family Planning (JOICFP), Marie Stopes International, the Myanmar Anti-Narcotics Association, the Myanmar Medical Association and Population Services International. In addition, UNFPA provided reproductive health services through an international NGO, Aide Médicale Internationale, in the Kokang and Wa regions in the northeastern part of the country as part of the Kokang and Wa Initiative, led by the United Nations Office on Drugs and Crime.

II. PROGRAMME IMPLEMENTATION

5. The UNFPA strategy for improving reproductive health in the programme townships consists of four components: (a) developing the capacity of service providers in both the public and private sectors; (b) providing necessary reproductive health commodities and building capacity to better manage supplies; (c) supporting behaviour change communication interventions that encourage women, men and young people to make healthier reproductive choices; and (d) carrying out related research to inform programme design and implementation. In addition, the UNFPA programme has a number of initiatives in adolescent reproductive health and in preventing HIV.

6. A focus of the UNFPA special programme in Myanmar is to increase the reproductive health knowledge and skills of health-care professionals in both the public and private sectors. During the first part of 2005, UNFPA field monitors twice field tested a World Health Organization manual on prenatal care, childbirth, and post-natal and newborn care and used it to train basic health staff in all UNFPA reproductive health project townships. UNFPA revised and reproduced copies of a reproductive health manual for general medical practitioners working in the private sector and also carried out training for private-sector general practitioners in association with the Myanmar Medical Association.

7. UNFPA continued to be the main supplier of contraceptives in Myanmar. Other providers included private-sector pharmaceutical suppliers and international NGOs. In 2005, UNFPA procured reproductive health commodities totalling $1.2 million from regular resources. Yet there remains an unmet need for contraceptives among married women of reproductive age. To help address that need, the reproductive health commodity security trust fund allocated $1.6 million in 2005 for reproductive health commodities in Myanmar and provided a grant of $147,000 for a project to promote the use of female condoms, to be implemented by Population Services International.

8. To increase awareness of reproductive health choices and demand for reproductive health services, UNFPA continued to work with a number of partners, such as JOICFP, developing communication tools as well as information, education and communication materials for dissemination to health staff and the public. The UNFPA country office also worked with JOICFP through an Asian regional project, funded by UNFPA, to develop communication strategies to encourage men to take more responsibility for their reproductive health and that of their partners and families.

9. Community support groups have become an important outreach tool. The groups consist of volunteers who undergo basic training on reproductive health topics and then serve as resource persons for about 30 households in their communities. The volunteers monitor the health status of people in their communities, especially pregnant women, and have been instrumental in ensuring that pregnant women obtain the services of a skilled attendant at the time of their deliveries. Review workshops on the functioning of the community support groups showed that local health professionals viewed them as valuable adjuncts in improving reproductive health knowledge and in helping them to serve their communities more effectively.

10. UNFPA supported a major research initiative on reproductive health programming in Myanmar – the field enumeration and data analysis of a family-and-youth survey that focused on adolescent reproductive health issues, which was completed in 2005. UNFPA disseminated the preliminary findings of the survey by the end of 2005; the comprehensive country report is planned for publication in early 2006. The survey, covering a sample of 15,000 youth, is the first survey of its kind conducted on a national scale in Myanmar.

Adolescent reproductive health

11. The primary mechanism for promoting adolescent reproductive health was the continued development of "youth information corners" at rural health centres in the UNFPA programme townships. The programme supported the training of over 1,000 trainers from the youth information corners to serve as peer educators on adolescent reproductive health, including the prevention of sexually transmitted infections and HIV/AIDS.

12. During 2005, youth peer educators conducted nearly 5,500 community outreach activities in schools and villages, reaching 210,000 adolescents and youth in 23 townships. In addition to the training in reproductive health and language skills, the youth information corners sponsored sports activities and local lending libraries as ways of engaging the interest and commitment of young people in the local communities.

13. The programme also carried out adolescent reproductive health activities in collaboration with other partners. UNFPA supported Marie Stopes International, an international NGO, by sponsoring two youth centres located in Marie Stopes International-operated reproductive health clinics. Key activities in the youth centres included health education for young people who visited the centres; the development of an adolescent reproductive health manual; the training of trainers on adolescent reproductive health who conducted information sessions at nearby schools; sponsoring a series of youth-friendly events; and the provision of services through associated clinics.

14. A total of 4,500 youth accessed services at the two centres, and there are plans to open four additional centres in 2006. Another partner, the Myanmar Medical Association, worked with UNFPA to carry out activities for young people in order to raise awareness of HIV/AIDS. These activities included contests, entertainment events and youth leadership training in four states and divisions.

HIV prevention

15. In the area of HIV prevention, UNFPA funded a project designed to promote condom use among commercial sex workers. Working with local health and other authorities, the programme was operational in 25 townships at the end of 2005. The aim of these activities is to achieve 100 per cent condom use among commercial sex workers and their clients, modelled along the lines of similar programmes in Cambodia and Thailand.

16. With funding from the multi-donor Fund for HIV/AIDS in Myanmar, UNFPA has implemented a programme to prevent mother-to-child transmission of HIV/AIDS in 13 of the UNFPA programme townships. This programme includes the testing of pregnant women (based on informed consent); pre- and post-test counselling for the women; and the provision of the drug Nevirapine to HIV-positive mothers and their babies. With additional funding, UNFPA would like to expand these activities to other programme townships and expand the range of services provided to HIV-positive mothers

III. MONITORING PROGRAMME IMPLEMENTATION

17. The UNFPA country office and executing and implementing agencies undertake the monitoring and evaluation of the programme, based on agreed outputs and indicators. Programme meetings and quarterly meetings of project coordination committees are conducted for all of the component projects of the programme. In addition to the ongoing monitoring carried out by implementing staff as part of their day-to-day responsibilities, there are two levels of field monitoring. The first level includes monitoring by UNFPA programme officers from the country office along with responsible staff from counterpart agencies. During the reporting period, UNFPA staff and their counterparts carried out an estimated 80 monitoring visits.

18. In addition, the UNFPA Representative or Assistant Representatives, along with implementing partners, undertook joint monitoring visits to Ayeyarwaddy, Mandalay and Yangon Divisions and Mon, Rakhine, and Northern and Southern Shan States. A team of dedicated field officers carried out a second level of monitoring. During the last six months of 2005, the field officers conducted monitoring visits to all but one of the programme townships; they visited the last township in early 2006. Their reports are compiled quarterly and fed into a database to support better programme implementation.

19. UNFPA undertook a midterm review of programme activities in November 2004 and fielded a mission in November 2005 to further analyse the maternal and reproductive health situation of the country and make recommendations to help orient UNFPA activities in the future. The mission prepared recommendations on how UNFPA could better support Myanmar in achieving the Millennium Development Goals, especially goal five on reducing maternal mortality.

IV. INTER-AGENCY COLLABORATION

20. As a collaborating partner in the United Nations inter-agency project on trafficking in the greater Mekong subregion, and as the project focal agency for the United Nations country team in Myanmar, UNFPA participated in the meetings of ministers and senior officials of the Coordinated Mekong Ministerial Initiative against Trafficking that took place in Hanoi, Vietnam, in April 2005. The meeting adopted a subregional plan of action to combat trafficking, and the United Nations agencies in Myanmar later agreed on a matrix of responsibilities to support that plan of action.

21. UNFPA continues to work with other members of the United Nations country team in establishing a vulnerability mapping and monitoring system to identify the most vulnerable groups of people in the country and to develop programmes to assist them. UNFPA is an active member of the Joint United Nations Programme on HIV/AIDS, which had a midterm review in 2005. The review recommended that the strategy to combat HIV/AIDS in Myanmar should strengthen initiatives to reach the most at-risk populations, such as the one supported by UNFPA to promote condom use among commercial sex workers, and should develop new and innovative

programmes for these groups as well. At the end of 2005, UNFPA was asked to chair the United Nations theme group on HIV/AIDS.

V. BUDGET AND EXPENDITURE

22. UNFPA provided $4 million from regular funds in 2005 to carry out programme activities in Myanmar. By the end of 2005, the country office had utilized over 92 per cent of these resources. In addition, the programme benefited from $23,600 from the Population Council to supplement research activities on youth and adolescent reproductive health. The country was successful in securing almost $400,000 from the Fund for HIV/AIDS in Myanmar to carry out prevention of mother-to-child transmission activities.

VI. THE WAY FORWARD

23. The experience of the first UNFPA special programme of assistance to Myanmar demonstrated that UNFPA assistance has played an important role in promoting the health of the poorest and most vulnerable segments of the population, and that it is possible to reach those segments of the population through service delivery points in the public health system, especially the rural health centres and the township hospitals, in cooperation with international NGOs and other United Nations agencies.

24. The training, commodity supply, behaviour change communication and research that have been the hallmarks of the UNFPA programme have all played significant roles in improving the reproductive health of the people of Myanmar. Indeed, these efforts need to be expanded to cover more townships, especially those in more remote areas. The UNFPA programme advisory mission that visited Myanmar in November 2005 recommended that, if possible, the range of activities should be broadened to include support for emergency obstetric care as an additional way to help the country reach the Millennium Development Goal related to reducing maternal mortality. Such interventions should take into account the unique programming and operational environment in Myanmar.

25. Another key result of the first programme is that community mobilization in Myanmar is not only possible but, in fact, it constitutes a successful mechanism to build demand and to empower people to take control of their own reproductive health. In this regard, the community support groups and youth volunteers have been very successful mechanisms. The special programme of assistance has also shown that, along with the other partners working in the area of HIV/AIDS, UNFPA has a key role to play in HIV prevention, especially among vulnerable groups. Expanding both the coverage and scale of interventions to prevent mother-to-child transmission is both a humanitarian goal and a significant part of overall HIV prevention efforts.

26. Another important lesson is that while adolescent reproductive health remains a sensitive subject, it is possible to incorporate it into community health education programmes in Myanmar. Myanmar is large in terms of population and territory, and the mandate of UNFPA is to provide assistance at the lowest levels of the public health system. It will therefore be

necessary to maintain and strengthen an extensive monitoring network to ensure programme implementation.

27. All of these lessons learned will be used to guide the work of UNFPA during the remaining period of the current special programme of assistance and to assist UNFPA in developing recommendations for future programme activities.

VII. RECOMMENDATION

28. **The Executive Board may wish to take note of the present report (DP/FPA/2006/10).**